

Children's Choice Waiver

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Approved in Louisiana in February 2001

This waiver was established as a SUPPORT waiver for children who live at home and have natural supports

- **Recipient criteria:**

- Individuals under the age of 19, AND
- On the New Opportunities Waiver (NOW) request for services registry, AND
- Meet the Louisiana MR/DD criteria, AND

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Recipient Criteria (contd.)

- If DD, the developmental disability must have manifested prior to the age of 22, **AND**
- Meet criteria through diagnosis and evaluation (current psychological, bulletin 1508), **AND**
- Meet ICF/MR medical level of care (90L), **AND**

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Recipient Criteria (contd.)

- Must be offered a waiver opportunity by BCSS, **AND**
- Meet Medicaid financial eligibility based on the child's income

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Recipient Participation

- When an individual has accepted and has been certified into the Children's Choice Waiver, their name will be removed from the MR/DD Request for Services Registry.

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Recipient Participation (contd.)

- Those who choose Children's Choice will remain in this waiver until their 19th birthday. Approximately 90 days prior to their 19th birthday, their case manager will begin the transition process into another appropriate MR/DD waiver, provided the individual continues to meet all eligibility criteria.

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Recipient Participation (contd.)

- A crisis designation is in place to assist those who have a catastrophic change in circumstances to ensure their needs are met



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Recipient Participation (contd.)

- There is a non-crisis designation which is a mechanism to allow a recipient to request their name be placed back on the MR/DD Request for Services Registry with their original request for services date



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Recipient Participation (contd.)

- Recipients have the right to refuse individual services and to be informed of alternative services available to them.



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Recipient Participation (contd.)

- When a recipient refuses all services, the case manager will advise the recipient of the consequences of this action.



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Recipient Participation (contd.)

- If an individual chooses not to participate in Children's Choice waiver or becomes non-compliant, the case manager shall notify the BCSS Regional Office, and a decertification process may begin.



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Providers of Children's Choice

- Providers can only be enrolled under two different Provider Types to provide services for this waiver:
 - Case Management
 - Family Support Provider



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Providers of Children's Choice (contd.)

- All waiver recipients have Freedom of Choice (FOC) of the enrolled providers they wish to serve them.
- **Freedom of choice is offered as follows:**
 - Case Management Agency FOC is only offered by BCSS & will be linked for 1 year.



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Providers of Children's Choice (contd.)

- Family Support Provider FOC is only offered by Case Managers & will be linked for 1 year.



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Providers of Children's Choice (contd.)

- Changes in Case management agencies or direct service providers can only be requested by the recipient if linked over one year or for "Good Cause" if less than one year.



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Providers of Children's Choice (contd.)

Good Cause is defined as:

- Irreconcilable differences between the Agency and the recipient.
- The recipient moves to another DHH Region.



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Providers of Children's Choice (contd.)

- If two or more children are receiving waiver services, BCSS allows the change so the family will have only one agency.

All Good Cause requests must be approved by BCSS State Office at this time.



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Children's Choice Services

- **Case Management** – can only be provided by an agency contracted with BCSS
- **Family Support** (this service cannot be sub-contracted out)
- **Family Training**
- **Diapers for age 3 years and older**
- **Crisis Support** (this service cannot be sub-contracted out)



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Children's Choice Services

- **Non-Crisis Support** – cannot be subcontracted out.
- **Environmental Accessibility Adaptations** – physical adaptations to the home or vehicle.
- **Center Based Respite** – only at a licensed facility.

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CC Service: Case Management

Case Management - mandatory service in CC and consist of the coordination of resources, supports and services that will assist recipients in gaining access to:

- needed Medicaid waiver and State Plan services,
- needed social, educational, and other services regardless of the funding source.

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CC Case Management (contd.)

- ✓ Is responsible for developing and submitting the initial and annual CPOC based on the the needs and personal outcomes envisioned, defined and prioritized by the Waiver recipient.
- ✓ Is responsible for initial intake and assessment procedures.

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CC Case Management (contd.)

- ✓ Conducts face-to-face meetings with recipients.
- ✓ Monitors services as per the plan of care.
- ✓ Compiles and integrates all formal, informal, and professional resources into the plan of care as desired by the recipient.

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CC Case Management (contd.)

- ✓ Obtains and offers FOC of local service providers enrolled in Medicaid.
- ✓ Provides recipient with appropriate and current information so the person can make informed choices.
- ✓ Assists recipient in planning, building, and implementing supports and services and the flexibility of such.

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CC Case Management (contd.)

- ✓ Submits Revision Requests to the CPOC as needed.
- ✓ Is responsible for transition of recipients when necessary (moves, ages out, changes agencies, or is admitted to a facility .
- ✓ Requests closure of a waiver opportunity when ineligible or refuses services.

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CC Service: Family Support

- **Family Support** – Services provided directly to the child that enable a family to keep the child at home and that enhance family functioning such as assistance and prompting with eating, bathing, dressing, personal hygiene, and essential housekeeping and/or give relief to the primary caregiver.

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CC Family Support (cont'd)

- Provided by a Medicaid Enrolled Agency, licensed as a Personal Care Attendant (PCA) provider, and Listed on the Children's Choice FOC Form

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CC Family Support (cont'd)

- **Responsibilities include:**
 - Act as a "Super Provider" by either providing or for sub-contracting all waiver services (with the exception of case management service). The "Super Provider" must provide, at a minimum, Family Support Services and Crisis Support.

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CC Family Support (cont'd)

- The Family Support "Super Provider" will be held accountable for any expenditures authorized by the provider agency and provided over the cap as identified in the approved CPOC.

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CC Family Support (cont'd)

Responsibilities contd:

- Discuss the \$15,000 cap and the use of remaining funds with the recipient.
- Notify case manager and recipient monthly of the amount of money that is expended based on the CPOC Service Balance Report (thru LAST)

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CC Family Support (cont'd)

Responsibilities contd:

- Reimburse sub-contracted providers for services, and maintain all service records.
- Participate in the CPOC planning meeting.

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CC Family Support (cont'd)

Responsibilities cont'd:

- Implement services in the CPOC within 30 calendar days of notification of CPOC approval.
- This service shall not be subcontracted out to other providers.

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CC Family Support (cont'd)

Responsibilities cont'd:

- Complete the CC service requests Forms that require special approval (environmental adaptations, family training).

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CC Family Support (cont'd)

Responsibilities cont'd:

- Report and document any incidents/complaints to the case manager and BCSS. Abuse reports go directly to the Bureau of Protective Services FIRST, then to the case manager and BCSS.

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CC Family Support (cont'd)

Responsibilities cont'd:

- Report instances of imminent danger to the appropriate local authorities.
- Maintain backup plans if the designated staff is unable to work.

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CC Family Support (cont'd)

Responsibilities cont'd:

- Serve ALL recipients – refusal without proper documentation of good cause shall result in the provider being removed from the Children's Choice FOC Form.

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CC Service: Family Training

- **Family Training** – Training and education for the family provided by professional organizations or practitioners.

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CC Family Training (cont'd)

- Training is to address appropriate treatment and interaction with the recipient who has special needs.
- Provider is responsible for completing the Family Training form and submitting to case Management for prior approval.

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CC Family Training (cont'd)

- Family is defined as the non-paid persons who live with or provide care to the Children's Choice waiver recipient and may include a parent, spouse, children, relatives, foster family, legal guardian or in-laws.

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CC Family Training (cont'd)

- Family Training includes reimbursement for travel and registration fees to attend approved seminars and similar opportunities for knowledge.

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CC Family Training (cont'd)

- The Family Training service and expense must be approved prior to the activity taking place.
- Family Training may be provided by or subcontracted out by the "Super Provider"

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CC Service: Diapers

- **Diapers** – Available for persons ages 3 and older. Does not cover delivery fees, pads, wipes etc.
- Reimbursement is for cost of diapers and monthly administrative fee only.

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CC Diapers (cont'd)

- The Family Support "Super Provider" may subcontract this service out to another provider of diapers.

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CC Service: Crisis Support

- **Crisis Designation** - a catastrophic change in circumstances rendering the natural and community support system unable to provide for the health and welfare of the child at the level of benefits offered under CC.

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CC Crisis Support (cont'd)

- To be considered a crisis, one of the following must be met:
 - Death of a caregiver with no other supports available (very important to identify the caregiver when completing the typical weekly schedule in the (CPOC)

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CC Crisis Support (cont'd)

- Caregiver incapacitated with no other supports available
- Child placed in custody of DHH.

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CC Crisis Support (cont'd)

- Other family crisis with no caregiver support available, such as abuse/neglect or a second person in the household becomes disabled and must be cared for by same caregiver, causing inability of the natural caregiver to continue necessary supports to assure health and safety.

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CC Crisis Support (cont'd)

- When the physician's documented condition of the child deteriorates to the point the recipient's plan of care is inadequate.

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CC Crisis Support (cont'd)

- Crisis designation is requested by the recipient/family to the BCSS Regional Office and approved only by the BCSS State Office.
- Is time limited for 3 months, up to but not to exceed 12 months.

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CC Crisis Support (cont'd)

- Before requesting Crisis Support, all State Plan services such as EPSDT, PCS, Home Health, OCDD funded services, and/or any other formal or informal supports.

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CC Service: Non-Crisis Support & Other Good Cause

- A recipient may also request "Non-crisis-other good cause" provision and allowed to restore his/her name to the NOW Waiver registry in original date order.
- Non-crisis or other good cause is granted when all 4 of the following are met:

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Non-Crisis Support & Other Good Cause (cont'd)

- The recipient would benefit from services, based on significant changes from baseline BCSS assessments, that are available through the NOW Waiver and are not available through Medicaid or his/her current waiver; AND

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Non-Crisis Support & Other Good Cause (cont'd)

- when there has been a change in circumstances, based on significant changes from baseline BCSS assessments, since his/her enrollment in CC waiver causing these other services to be more appropriate. A change in the recipient's medical condition is not required.

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Non-Crisis Support & Other Good Cause (cont'd)(contd.)

- A change in circumstance can include the loss of in-home assistance through a caretaker's decision to take on or increase employment, or to obtain education or training for employment.

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Non-Crisis Support & Other Good Cause (cont'd)

- Vacations outside the continental U.S. are not considered "good cause". AND

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Non-Crisis Support & Other Good Cause (cont'd)

- The recipient would qualify for those services based on significant changes from baseline BCSS assessments, under the standards for NOW participants; AND

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Non-Crisis Support & Other Good Cause (cont'd)

- The person's request date for the NOW has passed on the request for services registry.

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CC Service: Environmental Accessibility Adaptations

- Are physical adaptations to the home or vehicle to assure health and safety and without which, the recipient would require additional supports or institutionalization.

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Environmental Accessibility Adaptations (contd.)

- **Environmental Accessibility Adaptations include:**
 - Ramp – wheelchair accessibility for the home
 - Bathroom Modifications –grab bars for the tub/shower
 - General Home Adaptations – widening of doorways for wheelchair accessibility

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Environmental Accessibility Adaptations (contd.)

- Vehicle Lifts – wheelchair lifts required for transportation of the recipient

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Environmental Accessibility Adaptations (contd.)

- **Excluded are:**
 - adaptations that add to the square footage of a home.
 - general home or vehicle improvements
 - home mods already covered in basic construction costs.
 - Fire alarms, smoke detectors, fire extinguishers.

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Environmental Accessibility Adaptations (contd.)

- Exclusions cont'd:
 - Anything not of direct medical or remedial benefit to the recipient, such as carpeting, roof repair, air conditioning, a fence.

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Environmental Accessibility Adaptations (contd.)

- Durable Medical Equipment (DME) Medicaid State Plan services should be accessed first. If DME covers the service, then Children's Choice Waiver does not.

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Environmental Accessibility Adaptations (contd.)

- If DME is denied for lack of medical necessity, then Children's Choice cannot cover this service.

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Environmental Accessibility Adaptations (contd.)

- Provider completes appropriate section of the job form, obtains bids as available, works with provider, verifies with individual/family that the job is complete and acceptable, and submits to BCSS

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Environmental Accessibility Adaptations (contd.)

- Environmental Adaptations may be subcontracted out by the enrolled Family Support "Super Provider" to another provider.

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Environmental Accessibility Adaptations (contd.)

- The family is responsible for approval of payment and that the work is acceptable.
- The case manager verifies within 14 days of completion that the environmental mod was actually installed and the job completed.

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CC Service: Center-Based Respite

- **Center-Based Respite** – services furnished on short-term basis due to the absence or need for relief of unpaid persons normally providing the care.

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Center-Based Respite (cont'd)

- Can only be provided in a licensed respite care facility.
- Can be subcontracted out to another provider by the Family Support “Super Provider”.

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Reimbursement For CCW Services

DHH/BCSS will not reimburse any service until:

- The service is listed on the participant's Comprehensive Plan Of Care (CPOC), or a CPOC Revision Request and approved by BCSS, AND

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Reimbursement For CCW Services

- The service has been provided, AND
- The provider has documented and submitted the required data into the “LAST” system, AND

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Reimbursement For CCW Services

- Prior Authorization has been issued, AND
- The Provider submits a correct billing record to the Medicaid Fiscal Intermediary.

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Reimbursement For CCW Services

- Direct services will not be reimbursed prior to the Vendor Payment Begin Date on the 51-NH.

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Reimbursement For CCW Services

- Provider shall ensure delivery of services, quality of services, and that services are delivered at the time the recipient wishes. Review amount of services delivered and notify the recipient if they are nearing their cap and plan accordingly.

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Overview of the CC Waiver Certification Process

- ✓ Once a recipient accepts CC, they are linked to a Case Management Agency. All assessment information that BCSS has, will be given to the agency at the time of linkage.

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Overview of the CC Waiver Certification Process

- ✓ BCSS Responsibilities:
 - 1) If the individual is Medicaid eligible and not currently receiving EPSDT Case Management:

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Overview of the CC Waiver Certification Process

- The individual will be linked to the chosen agency for EPSDT Case Management as a payment mechanism.

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Overview of the CC Waiver Certification Process (contd.)

- 2) If the individual is Medicaid eligible and is receiving EPSDT Case Management:
 - The same case manager will begin processing the CC CPOC.

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Overview of the CC Waiver Certification Process (contd.)

- Case Manager will collect updated assessment (1508's, psychologicals, etc.) and assist in obtaining a current 90-L.

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Overview of the CC Waiver Certification Process (contd.)

- ✓ Case Manager informs individual that ACS (the BCSS Contractor) will be contacting them to have a 1L (Medicaid financial application) completed.
- ✓ Case Manager meets with individual and offers FOC of a Family Support Provider

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Overview of the CC Waiver Certification Process (contd.)

- ✓ Case Manager contacts the Individual/Family and the selected Family Support Provider to set up a CPOC Planning/ Development meeting.

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Overview of the CC Waiver Certification Process (contd.)

- ✓ Case Manager assists and coordinates the development of a plan that identifies the needs and personal outcomes defined and prioritized by the individual.

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Overview of the CC Waiver Certification Process (contd.)

- ✓ BCSS reviews the CPOC, then conducts a pre-certification home visit:
 - Provides information and obtains a signed informed choice form (the individual can stop the process at this point), completes NC SNAP & HRST if necessary, reviews MR/DD and CC waiver comparison

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Overview of the CC Waiver Certification Process (contd.)

- ✓ If CPOC is approvable, BCSS forwards a completed 142 to the BHSF Parish Medicaid Office
- ✓ BHSF sends BCSS a completed 18W

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Overview of the CC Waiver Certification Process (contd.)

- ✓ If an approved 18W is received, BCSS then issues a 51-NH which indicates the final step in the waiver certification process.

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Overview of the CC Waiver Certification Process (contd.)

- direct services will not begin prior to the vendor payment begin date on the 51-NH.

NOTE: The process stops at any point if a financial denial is received

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CPOC Development

- At the planning meeting all individuals the recipient wishes to participate shall be present
- The chosen provider should be there if the recipient agrees

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CPOC Development

- ✓ The Family Support provider must submit monthly reports of service usage to the case manager and also counsel the recipient regarding the usage of services and funds as well as the remaining amounts of each service.

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CPOC Development

Revisions:

- ✓ If the needs of the recipient change and a new service has been identified and/or more services than previously budgeted are needed, then a revision form shall be required (Service provider shall give case manager a CPOC Service Balance report showing services and expenditures.)

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CPOC Development

Revisions contd....

- ✓ The recipient shall be the only one to request a revision to the case manager.

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CPOC Development

Revisions contd....

- ✓ Routine requests are required to be received in the BCSS Regional Office no less than 7 (seven) calendar days prior to the requested change.

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CPOC Development

Revisions contd....

- ✓ Emergency Changes are required to be received in the BCSS Regional Office within 24 hours of the occurrence but no later than the next working day. (Due to the flexibility of services, emergency services shall be a rarity.

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CPOC Development

Revisions contd....

- ✓ No services shall be reimbursed prior to the approval date from BCSS. Refer to Prior Authorization for begin dates of all services.

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Reminders...

- All providers are required to report abuse/neglect complaints and incidents to the appropriate authorities and BCSS.
- Any time a provider coerces a recipient to take more hours, or schedule hours they don't want or need, the individual and/or case manager should notify BCSS.

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Reminders...

- Services shall not be reimbursed until the Vendor Payment Begin Date on the 51-NH.
- All services in the approved CPOC must be delivered and/or received before the CPOC end date in order to be reimbursed.

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Reminders...

- If a recipient will be reaching his/her 19th birthday prior to the expiration of the CPOC, the CPOC end date will then be the day before their 19th birthday.

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Reminders...

- HIPAA- Remember the recipient's health information is protected and you shall not release any information to those other than the parent/legal guardian, authorized representative, case manager or payor without a current release of information. Exceptions are those entities covered by law such as child protection. Refer to your HIPAA privacy officer for additional information.

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**DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF COMMUNITY SUPPORTS AND SERVICES
LOUISIANA CHILDREN'S CHOICE WAIVER FACT SHEET**

Handout 14

Description	<p>\$Began February 21, 2001 to offer supplemental support to children with developmental disabilities who currently live at home with their families, or who will leave an institution to return home.</p> <p>\$Children's Choice is an option offered to children on the NOW Request for Services Registry as funding permits.</p> <p>\$Families choose to either apply for Children's Choice or remain on the NOW Request for Services Registry.</p> <p>\$Participants are eligible for all medically necessary Medicaid services, including EPSDT screenings and extended services, and will also receive up to \$15,000 per year in Children's Choice services (including required Support Coordination (case management)).</p> <p>\$Service package is designed for maximum flexibility.</p> <p>\$Children who Age out@ (reach their 19th birthday) will transfer with their slot to an appropriate NOW waiver as long as they remain eligible for waiver services.</p> <p>\$There are 6 waiver services not available to other Medicaid recipients which are provided in lieu of institutional care:</p> <ol style="list-style-type: none"> 1. <u>Case Management</u> - services that assist the families in life planning for the child including gaining access to needed waiver and State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source for the service to which access is gained. Home visits are required. 2. <u>Family Support</u> - services provided directly to the child that enable a family to keep the child at home and that enhance family functioning. 3. <u>Center-Based Respite</u> - services provided on a short-term basis to children unable to care for themselves due to the absence or need for relief of the parents or to others who normally provide care and supervision. 4. <u>Environmental Accessibility Adaptations</u> - physical adaptations to the home or vehicle necessary to ensure health, welfare, and safety of the child, or which enable the child to function with greater independence in the home, and without which additional supports institutionalization would be required. Excluded are adaptations of general use or those that add to the total square footage of the home. Excluded are fire alarms, smoke detectors, and fire extinguishers. 5. <u>Family Training</u> - training and education services for the families of recipients that is provided by professional organizations or practitioners appropriate to the needs of the child and approved by BCSS. 6. <u>Diapers</u> - for children age 3 and older. <p>\$A family that chooses Children's Choice may later experience a crisis that increases the need for paid supports to a level that would be more than the \$15,000 cap on Children's Choice expenditures. During an initial one-year trial period, special provisions have been made to provide additional supports during the crisis period until other arrangements can be made.</p> <p>\$A family may also experience a temporary Anon-crisis@ that could increase the need for additional supports beyond the \$15,000 cap and allow the participant's name to be restored to NOW Request For Services Registry. Current Children's Choice Waiver services will not be terminated as a result of restoring the name to the registry. Special provisions have been made to allow someone to be restored to the registry until a NOW waiver opportunity becomes available.</p>
Level of Care	<p>Recipients must meet ICF/MR level of care for medical and/or psychological criteria. Procedure and requirements for admission to the waiver are the same as for ICF/MR determination.</p>
Population	<p>Age - Birth through age 18</p> <p>Disability - Meets the federal definition for mental retardation or a developmental disability.</p>
Eligibility	<p>Income - Up to 3 times SSI amount. Income of other family members is not considered.</p> <p>Needs Allowance - Three times the SSI amount.</p> <p>Resources - Less than \$2,000</p> <p>Non-financial - meets all Medicaid non-financial requirements (citizenship, residence, Social Security number, etc.)</p> <p>Other - Same resource, disability, parental deeming, etc. as ICF/MR.</p>

**For Information About Accessing Children's Choice Services,
Please Contact Your Regional OCDD Office**